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Health-Promoting Leadership Culture and its Role in Workplace Health Promotion

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Additional information is available at the end of the chapter

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Abstract

Purpose: The law on health and safety at work was implemented in Slovenia in 2011. On this basis, Slovenian organizations started preparation and implementation of workplace health promotion (WHP) programs. The article reports on research of the Slovenian leaders' leadership style concerning their employees' health following the new legislation.

Methodology/approach: We conducted a survey on health-promoting leadership culture (HPLC) in Slovenian organizations in 2013. As the collected data were measured on an ordinal scale, the median measured the central tendency, the frequency tables were displayed and the nonparametric independent samples Mann-Whitney U test was used.

Findings: There are no significant differences between of leaders and employees. leaders and employees. They have positive relations with each other.

Research implications: For health-promoting leadership culture (HPLC) of leaders, it is important that the criticism is appraised; every opinion is shared fairly; one can identify with the values of the organization; everybody has the necessary latitude, nobody has to work against their personal values; in conversations, employees experience their acceptance like they are. These elements can be the basis for developing new leadership's styles, which can determine employee's health through health promotion's activities.

Practical implications: Findings support new requisitely holistic approach to managing health-promotion and its role in WHP.

Originality/value of paper: The available literature offers no similar concept for implementing health promotion on workplace.

Keywords: Ethics, Health, Health-promoting leadership culture, Management, Leadership, social responsibility, workplace health promotion, work environment

1. Introduction

The implementation of the new legislation on health and safety on work place [1] aims to insure employee's health and safety. The reported-about research investigates the current situation of the leadership culture, especially concerning the health promotion. Therefore, we first focus on the current research state concerning the role of health and safety at workplace and especially on the attitudes about health promotion and leaders' behavior.

Workplace environment covers a crucial part of human life. Therefore, workplaces should be designed in a human-oriented way, following the tradition since 1950s. Having healthy, satisfied and motivated employees, who enjoy health and safety at workplace, enables positive economic outcomes, increased competitiveness and profitability; it also affects other factors in the business positively. Healthy jobs and workplaces benefit workers/employees, customers and shareholders, citizens, society and the state [2, 3].

After EU-OSHA [4], workplace health promotion (WHP) encompasses employers', employees' and society's actions improving the human health and well-being at work. It integrated the following activities in the defined area:

- Improving the way work is organized;
- Improving the work environment;
- Encouraging employees' involvement in health-related activities;
- Encouraging personal development.

These activities must be planned and implemented. The key factors therefore include leaders who can form, stimulate and change the work environment substantially. This special part can present the health-promoting leadership culture (HPLC), which we measured in Slovenian organizations. One should know this culture as the basis to develop special trainings for improving leaders' leadership style.

The law on health and safety at work was implemented in Slovenia in 2011. On this basis, Slovenian organizations started their workplace health promotion (WPC) programs. The responsibility for WPC is on employers and leaders, i.e., managers on all hierarchical level. For successful implementation of WHP, leaders should lead their employees in a way, supporting their health. The reported-about research covered the Slovenian leaders' leadership style concerning their employees' health after implementing the said new legislation. We conducted a survey on health-promoting leadership culture in Slovenian

organizations in 2013, which is the first research, conducted after the above-mentioned new legislation passing.

2. Health and workplace health promotion

2.1. Health

Health is fundamental in every person's life. To understand health well, we will first quote some general definitions:

The World Health Organization (WHO) defined in 1947 the concept of health as a state of complete physical, mental and social well-being and not merely as the absence of disease or infirmity [5]. WHO argues that health care is not only an individual concern but also a concern for the whole society; it is both a private and a social good. Therefore, the environment in which one lives crucially impacts one's health.

Gabrijelčič Blenkuš et al. [6] (summarized after [7]) suggested that good health of the population matters for poverty reduction, economic growth and long-term development of society. There are four mechanisms for individuals' contributions to the economy in high-income countries: labor productivity, labor market participation, education and savings and investments. Good health increases the likelihood of participation in the labor market, whereas poor health reduces earnings and increases retirement [6, pp. 17–18].

O'Donnell [8] states that health promotion is important because it helps people to discover synergies between their passions and optimal health in order to give them more motivation and support to change their lifestyle. It is about achieving the necessary balance between the physical, emotional, social, spiritual and intellectual health. A combination of learning experiences facilitates changes of lifestyle: it enhances awareness, increases motivation, builds skills, and, most important, creates opportunities to access environments making positive health practices one's easiest choice [8].

2.2. Health and safety at workplace

Business/production processes can cause accidents in the working process; therefore, safety and health at work matter. It covers protecting the safety, health and welfare of people engaged in work.

The European Agency for Safety and Health's Information Bulletin, entitled "The Business Benefits of good occupational Safety and Health" [9], finds organizations aware that they can reduce the number of accidents and occupational diseases with ensuring the health and safety at work.

Health and safety at work impact the organizations' business performance visible inside them. Surveys show that every euro invested in WHP brings the company 2.5–4.8 € by diminishing costs due to absenteeism [10]. Presentism could be added: it diminishes productivity of the ill, but present workers/employees.

Indirect cost for support to early retirees could also be added. So could repairing of equipment that is wrongly used due to poor work of the ill, but present workers/employees. WHP can often prevent these and similar troubles; outcomes can be estimated with opportunity cost methods.

Protection of life, health and work ability of workers is a fundamental task of safety and health at work. Detecting all types and levels of burdens and harms of occupational risks and evaluating how serious the work and health risks are, decisively impacts both on business and employees. Assuring the health of employees is a multidisciplinary activity, which may include physiology, psychology of work, labor pathology and industrial toxicology, assessment of work ability, ecology of work, the epidemiology, ergonomics and working environment, social medicine, hygiene, the legal aspect of comprehensive care staff and others [11, p. 5]. Even more: it should be interdisciplinary to include synergies of the listed activities and attain the requisite holism of approach and requisite wholeness of outcomes of interventions [12].

2.3. Workplace health promotion

Promotion of health and safety is a planned combination of educational, political, environmental, organizational and values/culture/ethics/norms-related mechanisms that support measures and conditions of lives of individuals, groups and communities.

WHP complements occupational safety and health measures as parts of the combined efforts of employers, workers and (inter-)national authorities to improve the health and well-being of humans at work. Its definition reads: “the combined efforts of employers, employees and society to improve the health and well-being of people at work” [13]. It belongs to the most prominent approaches, improving the individual well-being at work, encouraging health-related individual and organizational learning, and creating health-sustaining work environments (for example, see [13]).

WHP programs support prevention efforts, classified as primary (directed at employees that are generally healthy), secondary (directed at individuals already at high risk because of certain lifestyle practices or abnormal biometric values) and tertiary (referred to as disease management, directed at individuals with existing ailments such as asthma, diabetes, cardiovascular disease, cancers, musculo-skeletal disorders and depression; their aim covers ameliorating the disease or retarding its progression) [14].

This (requisitely) holistic concept incorporates, first, the improvement of the work organization and the working environment; second, the promotion of active participation of all stakeholders in the process; plus third, the encouragement of personal development [13].

It affects the psychological and mental areas, social sphere, facilitating prevention activities and general cognitive and affective outcomes [15, p. 41].

In Slovenia, the concept of the workplace-health promoting is relatively recent. It resulted from the concept of WHP, which has significantly evolved since becoming prominent in the 1970s. Then, several companies in some European countries showed great enthusiasm in start-up projects to humanize the world of work; but they quickly abandoned these endeavors which

poorly matched corporate (short-term and narrowly defined?) interests. In the late 1980s, workplace health and safety mattered again, primarily due to the European Commission's Framework Directive on health and safety [16]. It reorientated occupational safety and health in Europe [17].

Interest in WHP has grown considerably at the national and supra-national levels in Europe over the past 5 years. This trend can be related to the far-reaching economic and social changes that are taking place in the EU member states due, in part, to increasing international competition [18].

Companies can improve their safety and health at work with their own activities. If they adopt and further promote the legislation of safety and health at work, they improve work safety (and reduce their visible and opportunity costs, too).

In recent years, the attention to ensuring safety and health at work in the so-called green workplaces has grown. European Union is trying to coordinate economic growth with the need to protect the environment. To reach this, one shall lower the emissions of greenhouse gasses, raise energetic efficiency, stimulate renewable sources of energy and lower the amount of waste produced. This was the basis for creating green workplaces, encouraging humans towards preserving and restoring their environment. Implementing of these goals can improve safety and well-being of workers too [19, p. 5].

EU wants to protect the workers of all its member states against threatening dangers at work in every workplace.

In Slovenia, the area of promotion of health and safety at work is legally defined. In 2011, the amendments to the "Act on occupational safety and health" added the area of health promotion and management of psychosocial risks in the workplace. ZVZD-1 to the square of 6 and Article 32 stipulates employers to plan and implement health promotion in the workplace, and to provide the necessary means and method of monitoring its implementation [20, pp. 32, 53]. Evidently, the law is being realized [21].

2.4. WHP models and approaches

Nowadays, there are several different models for implementing WHP. Even though health promotion programs are becoming more wide-spread, they are just programs, mainly focusing on individual health behaviors rather than working conditions. Reducing employee health risk requires innovations in job design, workplace culture, organizational systems and management practices [22].

The most common approach introduces the health circles. They help occupational safety and health (OSH) professionals and leaders in private enterprises, public organizations and authorities. Health circles can be implemented by dividing the process into six successive phases [22]: first, prerequisites (consensus, project group); second, preparation (needs analysis, expert discussion); third, practiced interventions based on needs analysis; fourth, presentation of results to project group and staff; fifth, implementation of measures; sixth, evaluation by circle participants, staff and management, including company documents.

The “management circle” enables continual improvement. Relating to a circle should demonstrate that the end of one activity leads to the beginning of another activity. Health management therefore becomes a permanent organizational process. The implementation of the health circles lasts about 15 months.

These efforts can be called contributions to socially responsible business and enjoy support from social responsibility.

3. Social responsibility

In ISO 26000 [23], corporate social responsibility (CSR) is defined as one's responsibility for one's impacts on society. It addresses human values, culture, ethics and norms (VCEN); hence, ISO 26000 is advisory rather than obligatory. Namely, it is not organizations as legal entities that decide, but their authorized decisive members and stakeholders, WHP included. CSR is necessary as the way out from the current global socioeconomic crisis [24], hence for purely social and economic reasons: responsible behavior is cheaper and more efficient/effective than a one-sided and short-term one. The one-sided and short-term behavior is namely the common denominator of the causes of the current crisis: under the label of a totally free market, monopolization destroyed the market as the room of equality of all its participants (for details see e.g. [25]).

In ISO 26000 [23], all seven contents are linked by two notions from systems theory:

1. Interdependence (replacing ethics of independence, e.g., “the boss is the only decisive person and benefits,” and ethics of dependence, e.g., “subordinates only obey orders and may be irresponsible”); and
2. Holistic approach (replacing ethics of one-sidedness without interdisciplinary creative cooperation linking mutually different viewpoints for synergetic insight and action).
3. VCEN is equally crucial as knowledge (“if somebody knows how to shoot with a gun, the choice depends on VCEN whether the person will shoot upon human or upon a paper target, rather than on knowledge”).

Before passing of the ISO 26000 by which the entire world unified the official definition of the CSR, there were several and quite diverse definitions of CSR from different authors such as Esposito [26], EU [27], McWilliams and Siegel [28], Waldman et al. [29], Campbell [30],... We can look at CSR as a contemporary version of informal systemic behavior designed to attain requisite holism of behavior of influential persons and enterprises [31].

Need for CSR should be integrated into enterprise policy as the enterprise's basic, general and long-term orientation that arises from organization's vision [32]. Therefore, principles of stakeholder interests, enterprise developmental, economic and social (SIEDES) responsible (enterprise) policy matter, WHP included. See **Table 1**.

The principles of SIEDES responsible (enterprise) policy

1. To reach the enterprise's business excellence and hence to find its way out from its crisis, responsible enterprise policy should stress the regular innovating in its policy
2. Arising from VCEN innovations, expressed as persons interests, the enterprise's general definitions of its policy depend on interests of its important stakeholders
3. Enterprise stakeholders should be conscious about their long-term well-being in interdependence with all life species
4. All of them should once again rethink their long-term interests (benefits)
5. Their (process, product/services, information, etc.) consequences
6. Their willingness/ability to innovate them toward their responsible, requisitely holistic behavior concerning all other humans (families, co-workers, other citizens and planet Earth residents, life forms and nature—with predominating of long-term interests concerning all of them)
7. Enterprise's developmental orientation (e.g., exploitation of opportunities of its internal and external environmental development)
8. Their economic orientation (with striving for politics of economic responsibility toward all inhabitants of the world), and
9. Their social orientation (toward ecological, socially and else-how responsible goals and social desire consideration, also toward social community) should also be innovated all the time

Source: Šarotar Žižek et al. [32].

Table 1. The principles of stakeholder interests, enterprise developmental, economic and social (SIEDES) responsible (enterprise) policy.

To implement the SIEDES, responsible (enterprise) leaders must innovate their VCEN and VCEN of organization's stakeholders. This tackles leadership and ethics. People find ethics inapplicable to the real world; they assume that ethics covers short and simple rules like “Do not lie,” “Do not steal” and “Do not kill” [33]. Ethics is specified in principles of ISO 26000 [23, p. 11]: A behavior of employees in an organization should be based on the values of honesty, equity and integrity, which imply a concern for people, animals and the environment and a commitment to address the impact of its activities and decisions on interests of stakeholders. They make the difference between the one-sidedly commanding boss and the cooperative leader, who uses ethics of interdependence to attain requisite holism of approach and requisite wholeness of outcomes of his/her organization by social responsibility, including ethics (as defined above).

4. Models of leadership and business ethics

Let us elaborate the third principle of ISO 26000, defining ethics, in the case of business leaders. We exposed leadership, because leadership support (leaders’ involvement in, and promotion of, activities, policies and practices that encourage the development of social responsibility

and related climate) was identified as an essential component of successful WHP programs [34, p. 1]. In leadership, there are some normative models or leadership theories. A normative model or leadership theory consists of explicit moral norms for analyzing leaders and leadership; the first such normative model is servant leadership: leaders are supposed to serve followers [35, p. xxvii]. Test of servant leaders is whether the people they serve become better, freer, healthier, and more likely to serve others [35, p. xxviii]. Another, transformational leadership is based on the idea that leaders and followers must improve each other's moral.

Transformational leadership develops from conflict: dialogue emerges from conflicts in which both leaders and followers move toward agreement about their shared moral values. In this process, change comes when both side agree on higher order [i.e., less one-sided and short-term, N.B. authors] values [35, p. xxviii].

Such models prove authentic leadership. It is a process that draws from positive psychological capacities and a highly developed organizational context, which results in greater self-awareness and self-regulated positive behaviors on the part of leaders and employees, fostering positive self-development [36, p. 243]. Therefore, this leadership focuses on ways leaders' self-knowledge contributes to making leaders effective and ethical. In authentic leadership, morality results from a leader's quality of authenticity [35, p. xxviii]. Waldman et al. [29, p. 1718] confirmed connection between transformational leadership and CSR.

Responsible leadership is a values-based and through ethical principles-driven relationship between leaders and stakeholders. They are connected through a shared sense of meaning and purpose through which they raise one another to higher levels of awareness, motivation and commitment for achieving sustainable values creation and social change [37]. Theory of responsible leadership holds leaders responsible for a wider range of people and things. The main issues include leaders' moral obligations covering their stakeholders and interests inside and outside their organizations.

Spiritual leadership is described as occurring when a person in a leadership position embodies spiritual values such as integrity, honesty and humility, creating the self as a person of someone who can be trusted, relied upon, and admired. Spiritual leadership is also demonstrated through behavior, whether in individual/employees reflective practice or in the ethical, compassionate, and respectful treatment of employees [38, p. 663]. On the other hand, the spiritual leadership comprises the values, attitudes and behaviors that are necessary to intrinsically motivate humans' self and others providing their sense of spiritual survival through calling and membership [39, p. 711].

Ethical leadership demonstrates the normatively appropriate conduct through personal actions and interpersonal relationships and promotes such conduct to followers through two-way processes, e.g., communication, reinforcement and decision-making. Moral variables, such as honesty, trust, fairness, openness and consideration, are connected to ethical leadership [40, p. 120].

From the viewpoint of this research on leaders' social responsibility (including ethics, of course) concerning WHP, ethical leadership matters because it is [41, pp. 601–608] positively related to:

- Ability to identify a proximate, ethical role model during one's career
- An ethical context supporting ethical conduct
- Agreeableness
- Conscientiousness
- Level of leaders' moral reasoning
- Followers' ethical decision-making
- Prosocial behavior
- Followers' satisfaction, motivation, organizational commitment

And negatively related to:

- Neuroticism and
- Machiavellianism

Ethical leaders must develop their reputation for ethical leadership. Employees' and key external stakeholders' perception and reality of managers' reputation at all levels matter for ethical leadership [42]. Reputation for ethical leadership is based on two essential pillars: perception that the potential leader is both a moral person and a moral manager. A moral manager is a role model for ethical conduct, communicating regularly about ethics and values, and using rewarding system to hold everyone accountable to the values and standards [42, p. 141]. One must develop one's reputation for ethical leadership. Therefore, leaders must be consistent and proactive about incorporating ethics into their leadership agenda, to match principles of social responsibility, including WHP.

5. Health-promoting leadership culture

Leading and business culture have an important effect on the psychological and physical health of employees. In order to provide permanent high quality performance, it is important that leaders are trained regarding models of health exposure and strain [43]. Jiménez et al. [44] states that managers can learn a new concept of "healthy leadership" with organized specific workshops and seminars, which allows them the realization of this concept and helps them to change their behavior in the workplace. This concept requires a style of human and relationship-oriented focus of subjective well-being of employees and managers.

Health-promoting leadership, by definition, creates a culture for health-promoting workplaces and values (VCEN), inspires and motivates employee participation in this development. It is a critical part of the organizational capacity for health promotion, including managerial knowledge and skills practiced as organizational policies and structures, supporting a health-promoting workplace. Therefore, leaders' involvement in the systematic and requisitely holistic development of both the physical and psychosocial work environment matters [45].

Leaders impact safety and health behavior of employees in two fields. First, leaders shape organizational process and management sub-systems; thus, they control various health-related physical and psycho-sociological characteristics of the work and working environment. Second, leaders influence employees' safety behavior and health through day-to-day direct and personal interaction and communication [46].

Health-promoting leadership culture combines various leadership styles and behaviors to design healthy workplaces [47].

Leaders can create workplaces that enhance health, if they can recognize and reduce mismatches between employees and their organization. Mismatches can occur in six areas of work life [48]: workload, control, reward, community, fairness and values.

Let us finish the summary of the theoretical bases of research that we report about here.

6. Hypotheses development

WHP is aimed to have physically and mentally healthy employees. Employees should gain also their psychological well-being, including positive (social) relations with others [49]. One's well-being depends on warm, rewarding and trustworthy relationships with other people, concerns about the well-being of others, the ability of empathy, affection and intimacy, and understanding the giving and receiving components of human relationships. These attributes can be developed with WPH: the Law on Safety and Health at Work [1] exposes that leaders should develop and implement each activity for generating safety and health at work in cooperation with employees. Such relations could be developed through:

- Provision of relevant information to employees and the preparation of the communication strategy;
- Involvement of employees in the decision-making process;
- Preparation of the work culture based on partnership;
- Organization of work tasks and processes in terms of the positive impact on health; and
- Introduction and implementation of policies and practices, which enhance employee relations.

The first hypothesis therefore considers positive (social) relations with others:

H1: Leaders and employees established positive (social) relations with others.

Furthermore, the Law on Safety and Health at Work [1] says that leaders must ensure health and safety at work, hence prepare, plan and implement activities, and consult with employees about the mentioned activities, including informing employees about activities. On the other hand, employees must:

- Respect and implement measures to ensure their safety and health at work;

- Perform their duties with optimal care, to protect their and other persons' lives and health;
- Use the funds for the work, safety devices and personal protective equipment in accordance with their purpose and the employer's instructions; carefully handle them, and make sure their perfect condition.

Leaders must build circumstances for healthy workplace and culture in the organization. Hence, the second hypothesis reads:

H2: There are no statistically significant differences between leaders' and employees' health-promoting leadership culture in their working environment.

7. Empirical research–methodology

7.1. Measuring instrument

We used the questionnaire entitled health-promoting leadership culture, developed by Jiménez et al. [50]. It can detect attitudes and behavior regarding health-promoting leadership culture with seven dimensions: health awareness, low workload, control, reward, community, fairness and values. There are two versions: a self-assessment version for leaders, and an external assessment version for employees. Thus, leaders can evaluate their own style of healthy leadership, while employees can evaluate the extent of healthy leadership culture of their superiors. The questionnaire HPLC has 44 items, and can be answered on a 7-step scale, from “never” to “always.”

7.2. Procedure

Data were collected using a quantitative survey within a cross-cultural project. The online study took place on the 9th to 19th July, 2013.¹ Participants were required to have a job with at least 10 working hours per week and have colleagues at work. The workers categorized themselves with respect to their position in the company as leaders or employees.

7.3. Data collecting and participants

All-in-all, 292 respondents from Slovenia answered the questions about HPLC. The respondents chose an appropriate category, i.e., a description of the frequency of the HPLC in their working day from the viewpoint of leaders or employees. The leaders answered how often they pay attention to HPLC in their working day, and the employees answered how often their leaders do so in their working day. Although there were some missing values in the database, the number of responses to each question was sufficient to apply the data analysis methods listed in the next section.

¹ Data were collected within the project “Culture4leadership,” funded by the Province of Styria, Austria, within the framework of “Grenz-frei” (i.e. “no border”) project.

Out of the 292 respondents who answered the questions about HPLC, 74 (25.3%) were classified as leaders and 218 (74.7%) as employees.

7.4. Statistics

The collected data were processed with the Statistical Package for Social Sciences (SPSS; Version 21). As the variables are ordinal, the median was used to measure the central tendency. We also displayed the frequency tables. As the collected data were measured on an ordinal scale, the independent samples Mann-Whitney U test that is the nonparametric equivalent to the parametric independent samples t-test (for example, see [51, 52]) was used to verify the null hypothesis: The distribution of the workers’ HPLC is the same across categories of position in the company.

8. Results

Tables 2–4 show that the highest middle² value of the frequency of the workers’ HPLC in their working day falls in the category 5—more often and the lowest middle value falls in the category 3—sometimes. The statements with achieved median 5—more often in both independent samples are listed in **Table 2**.

Statement	Leaders		Employees		Asymptotic significance of the difference between leaders and employees
	N	Median	N	Median	
<i>I answer:</i>					
<i>As a leader: I as a leader take care that</i>					
<i>As an employee: My leader takes care that</i>					
...it is possible to act in an autonomous and independent way	74	5.00	218	5.00	0.968
...effort isn't unnoticed	74	5.00	217	5.00	0.341
...feedback is received and can be claimed	74	5.00	216	5.00	0.931
...one can rely on that everybody does their work	74	5.00	217	5.00	0.050
...every input is valued	74	5.00	217	5.00	0.907
...quality is valued	74	5.00	215	5.00	0.940
...employees experience in a conversation that one is interested in what they have to say	74	5.00	216	5.00	0.399
...colleagues in a team support each other	74	5.00	214	5.00	0.925

² For a data set with an odd number of respondents, the median is the middle value. For a data set with an even number of respondents, the median is the average of the two middle values. To simplify the description of the obtained results, we use the term “the middle value” when talking about the median.

Statement	Leaders		Employees		Asymptotic significance of the difference between leaders and employees
	N	Median	N	Median	
<i>I answer:</i>					
<i>As a leader: I as a leader take care that</i>					
<i>As an employee: My leader takes care that</i>					
...all employees are treated fairly	74	5.00	214	5.00	0.701
...ideas and suggestions are seriously considered	74	5.00	214	5.00	0.787
...feedback is given in a way, which allows for learning about it	74	5.00	214	5.00	0.846
...work is appreciated	74	5.00	213	5.00	0.930
...feedback is considered	74	5.00	214	5.00	0.868
...employees experience in a conversation that they can speak openly	74	5.00	211	5.00	0.722
...the daily work is consistent with the aims of the company	74	5.00	214	5.00	0.475
...all colleagues of a team talk to each other in an open way	74	5.00	214	5.00	0.697
...there is the possibility to say something when facing uncomfortable decisions	74	5.00	214	5.00	0.757
...knowledge is determining for career and not the relationships somebody has	74	5.00	214	5.00	0.741
N—number of respondents.					
Measured on a 7-step ordinal scale: 1—never; 2—seldom; 3—sometimes; 4—often; 5—more often; 6—very often; 7—always					

Table 2. The medians of the frequency of the workers’ HRLD in their working day—part 1.

Table 3 shows that this middle value (5—more often) was achieved only by leaders, also for the statements that they pay attention that: “Employees are motivated to care for their health,” “Nobody must work against their personal values,” “One can identify with the values of the organization” and “Health of the employees has a high value.” From the viewpoint of employees that their leaders pay attention to these HPLC in their working day, the middle value of the responses to these statements was 4—often.

Employees achieved the median 5—more often only for the statements that their leaders pay attention that: “Criticism is given with appraisal,” “It is possible to discuss one's own acting on and off,” “Everybody has the necessary latitude” and “In a conversation, employees experience that they are accepted like they are.” From the viewpoint of leaders that they pay attention to the first and the third above-mentioned HPLC, the middle value of the responses to these statements was 4—often, and for the second and the fourth above-mentioned HPLC, the middle value was 4.5—from often to more often.

Statement	Leaders		Employees		Asymptotic significance of the difference between leaders and employees
	N	Median	N	Median	
<i>I answer:</i>					
<i>As a leader: I as a leader take care that</i>					
<i>As an employee: My leader takes care that</i>					
...employees are motivated to care for their health	74	5.00	216	4.00	0.240
...criticism is given with appraisal	74	4.00	214	5.00	0.415
...nobody has to work against their personal values	74	5.00	214	4.00	0.180
...it is possible to discuss one's own acting on and off	74	4.50	214	5.00	0.537
...everybody has the necessary latitude	74	4.00	214	5.00	0.699
...one can identify with the values of the organization	74	5.00	214	4.00	0.272
...health of the employees has a high value	74	5.00	214	4.00	0.526
...employees experience in a conversation that they are accepted like they are	74	4.50	214	5.00	0.933

N—number of respondents.

Measured on a 7-step ordinal scale: 1—never; 2—seldom; 3—sometimes; 4—often; 5—more often; 6—very often; 7—always.

Table 3. The medians of the frequency of the workers' HRLD in their working day—part 2.

Table 4 shows that the lowest median of the frequency of the leaders' HPLC in their working day falls in the category 3—sometimes. It was detected for the statement that "Every mean is shared fairly." From the viewpoint of employees that their leaders pay attention to this HPLC in their working day, the middle value of the responses to this statement was 4—often. For other HPLC items, the median 4—often was achieved in both independent samples.

Statement	Leaders		Employees		Asymptotic significance of the difference between leaders and employees
	N	Median	N	Median	
<i>I answer:</i>					
<i>As a leader: I as a leader take care that</i>					
<i>As an employee: My leader takes care that</i>					
...interventions against stress are considered	74	4.00	217	4.00	0.439
...the personal career aims have to be consistent with the aims of the company	74	4.00	216	4.00	0.977
...everybody can decide themselves how their work is done	74	4.00	216	4.00	0.923
...there is enough time to finish everything important	74	4.00	214	4.00	0.070

Statement	Leaders		Employees		Asymptotic significance of the difference between leaders and employees
	N	Median	N	Median	
<i>I answer:</i> <i>As a leader: I as a leader take care that</i> <i>As an employee: My leader takes care that</i>					
...the working environment is arranged in a health beneficial way	74	4.00	214	4.00	0.523
...there is enough time to finish work	74	4.00	214	4.00	0.200
...performance and success determine career possibilities	74	4.00	214	4.00	0.927
...health of all employees is supported	74	4.00	214	4.00	0.676
...all colleagues of a team can speak openly to each other	74	4.00	214	4.00	0.742
...there is no need for working under high pressure over a longer time	74	4.00	214	4.00	0.481
...every mean is shared fairly	74	3.00	214	4.00	0.195
...employees experience in a conversation that nobody judges them	74	4.00	214	4.00	0.897
...there is closeness between the colleagues	74	4.00	214	4.00	0.276
...the working life doesn't influence the private life in a negative way	73	4.00	214	4.00	0.988
...all colleagues of a team can work together well	74	4.00	214	4.00	0.447
...it is possible to influence resources and space at work	74	4.00	214	4.00	0.420
...there is a limit of work so that someone can follow personal interests	74	4.00	214	4.00	0.984
...everybody uses feedback correctly	74	4.00	214	4.00	0.903

N—number of respondents.

Measured on a 7-step ordinal scale: 1—never; 2—seldom; 3—sometimes; 4—often; 5—more often; 6—very often; 7—always.

Table 4. The medians of the frequency of the workers’ HRLD in their working day—part 3.

The results of the two independent samples Mann-Whitney U test written in **Tables 2–4** show that there are no statistically significant differences, regarding the distributions of the workers’ HPLC, between the two independent samples of workers: leaders (that they pay attention to HPLC) and employees (that their leaders pay attention to HPLC).

The distribution of the workers' HPLC in their working day is not statistically different across categories of position in the company; **Table 5** presents the relative frequencies only for the statements with different medians in both independent samples (**Tables 3** and **4**). Results in **Table 5** clarify the results of the two independent samples Mann-Whitney U test (**Tables 3** and **4**) even for these statements.

		Frequency—valid percent						
Statement	Category	Never	Seldom	Some- times	Often	More often	Very often	Always
<i>I answer:</i>								
<i>As a leader: I as a leader take care that...</i>								
<i>As an employee: My leader takes care that...</i>								
...employees are motivated to care for their health	Leaders	5.4	13.5	14.9	14.9	17.6	16.2	17.6
	Employees	9.7	14.8	13.0	17.1	19.0	12.0	14.4
...criticism is given with appraisal	Leaders	1.4	12.2	13.5	24.3	23.0	18.9	6.8
	Employees	5.1	10.7	15.0	15.4	19.2	17.3	17.3
...nobody has to work against their personal values	Leaders	4.1	8.1	14.9	18.9	20.3	25.7	8.1
	Employees	6.1	9.3	20.1	19.6	20.6	11.7	12.6
...it is possible to discuss the own acting on and off	Leaders	2.7	6.8	17.6	23.0	23.0	13.5	13.5
	Employees	4.2	9.8	14.0	15.4	22.0	18.7	15.9
...everybody has the necessary latitude	Leaders	1.4	8.1	21.6	20.3	21.6	18.9	8.1
	Employees	4.2	7.9	16.4	21.0	20.1	19.2	11.2
...every mean is shared fairly	Leaders	10.8	17.6	23.0	12.2	18.9	13.5	4.1
	Employees	10.3	16.8	13.1	20.1	14.0	11.7	14.0
...one can identify with the values of the organization	Leaders	2.7	12.2	13.5	14.9	29.7	20.3	6.8
	Employees	6.1	12.1	15.9	18.2	24.3	15.0	8.4
...health of the employees has a high value	Leaders	2.7	16.2	16.2	10.8	16.2	24.3	13.5
	Employees	8.4	9.8	13.6	20.6	18.2	15.4	14.0
...employees experience in a conversation that they are accepted like they are	Leaders	2.7	10.8	16.2	20.3	21.6	18.9	9.5
	Employees	5.6	11.7	15.0	17.3	17.8	19.6	13.1

Table 5. Frequency table for selected statements about the workers' HPLC in their working day for two independent samples: leaders and employees.

9. Discussion

The presented research results let us confirm both above developed hypotheses. In view of median 5 at the claims in **Table 2**, we can explain that the leaders allow employees their autonomy at work and establish basics for mutuality/inter-dependence. We can also conclude

that leaders recognize the employees' achievements and evaluate them appropriately. They also communicate well with employees and give them real-time feedback.

Hence, we can confirm hypothesis "H1: Leaders and employees established positive (social) relations with others." The results presented in **Table 3** show that communication between leaders and employees is appropriate. Employees are more pleased with the communication and feedback than leaders. Namely, not only top managers, but also middle managers were included in the research; the middle and top management do not communicate much. Due to the new legislation [1], WHP is very timely in Slovenia. Leaders are responsible for design and implementation of WHP, but employees should participate, too. WHP requires team work. Therefore, WHP causes improved interpersonal communication and consequently mutual relations. It also supports the systematic approach to stress management, time management, career development, etc.

However, the results of the two independent samples Mann-Whitney U test presented in **Tables 2–4** show that there are no statistically significant differences, regarding the distributions of the workers' HPLC, between the two independent samples of workers: leaders (that they pay attention to HPLC) and employees (that their leaders pay attention to HPLC). The hypothesis "H2: There are no statistically significant differences between leaders' and employees' health-promoting leadership culture in their working environment," is thus confirmed.

Namely, according to the legislation [1], one must assess risk at every working place in company/organization, which can negatively impact employees. To minimize these risks, one must implement systematic activities, which positively impact reducing stress and stressors. All activities are performed in the frame of WHP.

Society and companies are dependent on well-trained, highly qualified and motivated employees nowadays more than ever before. At the same time, the potential of workers and their ability to develop became the subject of a new understanding of health, which encompasses both physical and mental well-being, the quality of life and learning.

Companies benefit from WHP: working in better work-environment improves their employees' health and motivation. This consequently results in diminished sickness-related and other costs, better products and services, more innovation and productivity. WHP includes prestige, helping to improve the public image of the given company and its attractiveness for employees, suppliers and customers.

Social insurance organizations benefit, too: successes in health and safety at the workplace diminish costs for the social security (health, pension and accident insurance funds). Healthy working conditions improve the health of the entire population. Less people using medical and rehabilitative services reduce costs in public health service. Companies diminish costs for supplementary wages for sick employees (e.g., continuation of wage payment during sickness), which reduce non-wage labor costs and the contributions to the statutory health insurance funds.

While proposals for prolonging working life are under discussion, in reality more employees leave work earlier for health reasons. The aging of the workforce caused by the demographic

change belongs to the major challenges facing the future world of work, which WHP can help to master by helping workers to remain employed throughout their working life.

There are many benefits for employees too: less stress and strain factors and improved well-being and attitude to work. A company is only as healthy and efficient as its employees, hence WHP causes that there are only winners and no losers.

10. Conclusion

This article focuses on the current research state concerning the role of health and safety at workplace and especially on the attitudes about health promotion and leaders' behavior. The literature review supports the conclusion that leaders must be consistent and proactive about incorporating ethics into their leadership agenda, to match principles of social responsibility, including WHP. To successfully implement WHP, leaders must lead their employees in a way, which supports their health. Furthermore, this article reports on the research of the Slovenian leaders' leadership style concerning their employees' health following the new legislation on health and safety at work [1].

10.1. Contributions to theory

The abovementioned empirical research shows that leaders and employees have positive (social) relations with others. The study was performed two years after application of the new legislation for safety and health in Slovenia. We detected no statistically significant differences between two independent samples of workers: leaders (that they pay attention to HPLC) and employees (that their leaders pay attention to HPLC).

For HPLC of leaders, it matters that criticism is appraised, every opinion is shared fairly, one can identify with the values/VCEN of the organization, everybody has the necessary latitude, nobody must work against their personal values, and in conversations employees experience acceptance like they are. These elements can lead to developing new leaders' styles, which can actively promote employee's health. This style must be requisitely holistic and based on real skills and knowledge of leaders and can improve the organizational climate.

10.2. Contributions to practice

Our research enables development of special trainings for leaders, including more holism, humane orientation and health awareness by topics such as communication, organizational culture and climate, motivation, commitment... They could belong to work health promotion.

10.3. Limitations and further research

Further research will be oriented towards the improvement of the measuring instrument for HPLC, convenient for the structural equations modelling in order to make a selection of constructs and indicators that best describe HPLC and to study the relationships between

them. Moreover, further research must cover longitudinal researching of HPLC of Slovenian leaders and can enable further development of HPLC. Researches can include measurement of health awareness of leaders and their personal holism. Increasingly important is also leaders' self-assessment.

The obtained research results, however, cover Slovenia with good examples for other countries.

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